

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/04/2011
FORM APPROVED
OMB NO. 0938-0391

45th 3/20/11

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445136	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/03/2011
NAME OF PROVIDER OR SUPPLIER MASTERS HEALTH CARE CENTER INC			STREET ADDRESS, CITY, STATE, ZIP CODE 278 DRY VALLEY RD ALGOOD, TN 38501		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS	F 000	<i>This Plan of Correction is the center's credible allegation of compliance.</i>		
F 312 SS=D	<p>During the Annual recertification survey and complaint survey conducted on February 1-3, 2011, at Masters Healthcare Center, no deficiencies were cited in relation to complaints #26702 and #27062 under 42 CFR PART 482.13, Requirements for Long Term Care.</p> <p>483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS</p> <p>A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review, observation, and interview, the facility failed to provide nail care for one (#13) of twenty-seven residents reviewed.</p> <p>The findings included:</p> <p>Resident #13 was admitted to the facility on March 5, 2008, with diagnoses including Dementia, Alzheimer's Type with Psychosis and Depression.</p> <p>Medical record review of the Minimum Data Set dated December 6, 2010, revealed the resident had long and short term memory problems, severely impaired cognition, and was totally dependent on staff for all activities of daily living.</p> <p>Observations of the resident from February 1-3, 2011, between 7:30 a.m., and 5:00 p.m., revealed</p>	F 312	<p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <p>F312 It is the practice of this facility that residents who are unable to carry out activities of daily living receive the necessary services to maintain good nutrition, grooming, personal and oral hygiene.</p> <p>Resident #13 has been assessed and nail care completed on February 3, 2011. After assessment it was noted that resident's toenail were hard and thick and had been trimmed. Family requested not to transfer to podiatrist but continue to trim by facility nursing staff. DNS and RN supervisor trimmed toenails.</p> <p>All residents were immediately assessed and nail care completed on resident's who were in need of cutting or trimming. This was completed by 1pm on February 3, 2011. Appropriate nail care will be completed on a weekly and as needed basis by the certified nursing assistant or a licensed nurse if resident is a diabetic or contraindicated to be completed by certified nursing assistant. Any resident who is in need of a podiatry consult will be referred to physician and families notified.</p> <p>To ensure continuous compliance the following will occur. The weekly body assessment form will be revised to include nail care completion dates. (Form revised 2/8/2011 and reviewed, presented and approved by the performance improvement committee-DNS, ED, UC, MDS coordinator, ADNS, Dietician, Environmental services supervisor, Admission Director, DSC, and DO) on February 9, 2011.</p>	02/20/2011	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Sylvia J. Beaton, RN, NHA

Executive Director

2/15/11

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 312	Continued From page 1 the resident lying in bed with contracted hands. Observation and interview on February 3, 2011, at 8:25 a.m., with CNA #1 (Certified Nurse Aide), in the resident's room, revealed the resident lying in bed with bilateral hand splints. Interview with CNA #1 confirmed the resident's hands were severely contracted; the Restorative Aides (RA) applied the splints daily for approximately six hours per day; and the resident would maneuver out of the splints after application. Observation and interview with RA #1 on February 3, 2011, at 8:45 a.m., in the resident's room, confirmed the RAs applied the splints daily for approximately six hours. Continued observation and interview revealed RA #1 used lotion and massaged the resident's hands to facilitate relaxation of the hands in order to apply the splints. Continued observation and interview confirmed the right hand, when opened, revealed the right thumb nail was very long and thick with sharp and jagged edges, and there was an area of red pressure on the third finger. Observation and interview with the Nurse Supervisor on February 3, 2011, at 9:00 a.m., in the resident's room, confirmed the resident's toenails were long, thick, and in need of trimming. Continued observation and interview revealed the pressure area to the third finger had diminished, and the right thumbnail was very long and sharp, placing the resident at risk for skin breakdown on the adjacent fingers, and needed trimming.	F 312	This Plan of Correction is the center's credible allegation of compliance. <i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i> _____ F312 Staff in-service will be completed by SDC by February 15, 2011. Dates of inservice will be 2/10/2011, 2/11/2011, 2/12/2011, 2/13/2011, 2/14/2011, and 2/15/2011. Charge Nurse will ensure forms are given to the certified nurses on a weekly basis and reviewed by the end of the day for any resident with nail care concerns. Any residents with nail care issues will be re- evaluated by the charge for referral to podiatry consult if needed. Charge nurse will place the completed forms in the DNS for review and follow up. DNS, ADNS, SDC, and RN supervisors will complete a 10% sampling on each wing weekly times 4 weeks, then twice a week for 1 month and monthly thereafter. Results of the weekly body assessment/nail care forms will be presented to the PI committee (DNS, ED, UC, MDS coordinator, ADNS, Dietician, Environmental services supervisor, Admission Director, DSC MD quarterly) by the DNS or designee for review and recommendation as indicated.		
F 371 SS=F	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or	F 371			

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F 371	<p>Continued From page 2</p> <p>considered satisfactory by Federal, State or local authorities; and</p> <p>(2) Store, prepare, distribute and serve food under sanitary conditions</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, review of the dish machine manufacturer's recommendation, review of the dish machine temperature log, review of preventive maintenance reports, and interview, the facility failed to maintain the dish machine wash temperature at or above 160 degrees Fahrenheit per manufacturer's recommendation.</p> <p>The findings included:</p> <p>Observation on February 1, 2011 at 9:40 a.m., with the Registered Dietitian/Dietary Director present, revealed the dish machine was in operation. Further observation revealed the wash temperature was 148, 150, 150, 146, and 150 degrees Fahrenheit (F) in five consecutive cycles.</p> <p>Review of the manufacturer's recommendation, attached to the machine, revealed the minimum wash temperature was 160 degrees F.</p> <p>Review of the January 2011 High Temperature Dishmachine Temperature Log revealed 93 wash opportunities. Further review revealed 53 of the opportunities were less than 160 degrees F.</p> <p>Review of the EcoLab Routine Preventive Maintenance report dated September 21, 2010,</p>	F 371	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <hr/> <p>F371</p> <p>It is the practice of this facility to store, prepare, distribute, and serve food under sanitary conditions. Dish washing was suspended immediately when surveyor pointed out plate on bottom of dish machine. Lunch was served on disposable plates. Facility maintenance checked booster heater, facility hot water tanks, and adjusted the dish machine to run 160 degrees on 2/1/2011. Service call made to Ecolab, technicians arrived, dish machine was serviced including replacement of wash temp thermostat – was functioning properly on 2/1/2011. Dish machine was adjusted to maintain wash temperature at a minimum of 160 degrees. On 2/1/2011.</p> <p>All of dietary staff in-serviced on manufacturer's recommended temperature of 160 degrees 2/01/2011, 2/02/2011, and 2/03/2011 by RD. Instructions given to all dietary staff to shut dish machine off immediately if water temperatures falls below recommendation and to call supervisor and facility maintenance immediately. Minimum wash and rinse temperatures posted on dish machine for dietary staff.</p> <p>Dietary staff will record dish machine temperatures as per facility policy. Dietary manager, cooks and/or RD will monitor dish machine temperatures at least daily.</p> <p>Maintenance staff will check dish machine operation at least monthly as per the facility PM program.</p> <p>Dish machine operation including wash temperatures/logs will be include in the monthly kitchen sanitation report presented to the PI committee (DNS, ED, UC, MDS coordinator, ADNS, Dietician, Environmental services supervisor, Admission Director, DSC MD quarterly) by the RD or designee for review and recommendation as indicated.</p>		2/20/2011

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F 371	<p>Continued From page 3</p> <p>October 21, 2010, and December 21, 2010, revealed wash temperatures of 150, 158, and 158 degrees F. Further review revealed no documentation of corrective action to bring the wash temperature to 160 degrees F.</p> <p>Interview, with the Registered Dietitian/Dietary Director present during the observations on February 1, 2011 at 9:40 a.m., in the dish room area, confirmed the wash temperatures were less than 160 degrees. Further interview revealed the dish machine had been replaced in September 2004 and the old machine had been 150 degrees wash temperature.</p> <p>Interview, with the EcoLab route supervisor on February 1, 2011 at 3:18 p.m., in the dish room area, confirmed the manufacturer's recommended wash temperature was 160 degrees F. Further interview confirmed the Routine Preventive Maintenance reports for September and October 2010 wash temperatures were less than 160 degrees F with no corrective action documented.</p>	F 371			

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